

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Liza**

First name

Middle name

**Hazan**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years****Elizabeth Hazan**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-7473**

Debtor 1 Liza Hazan

Case number (if known)

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years****About Debtor 1:**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live****6913 Valencia Drive  
Miami Beach, FL 33109**

Number, Street, City, State &amp; ZIP Code

**Miami-Dade**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Liza Hazan

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

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**8. How you will pay the fee**

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

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**9. Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

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**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor _____	Relationship to you _____
District _____	Case number, if known _____
Debtor _____	Relationship to you _____
District _____	Case number, if known _____

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**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Liza Hazan

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1 Liza Hazan

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  
To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  
Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  
If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  
Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
- I am not required to receive a briefing about credit counseling because of:
  - Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
  - Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
  - Active duty.** I am currently on active military duty in a military combat zone.
 If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.  
To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  
Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.  
If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  
Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
- I am not required to receive a briefing about credit counseling because of:
  - Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
  - Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
  - Active duty.** I am currently on active military duty in a military combat zone.
 If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Liza Hazan

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	<p><b>16a.</b> <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”</p> <p><input type="checkbox"/> No. Go to line 16b.</p> <p><input checked="" type="checkbox"/> Yes. Go to line 17.</p> <p><b>16b.</b> <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</p> <p><input type="checkbox"/> No. Go to line 16c.</p> <p><input type="checkbox"/> Yes. Go to line 17.</p> <p><b>16c.</b> State the type of debts you owe that are not consumer debts or business debts</p> <hr/>	
<b>17. Are you filing under Chapter 7?</b>		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<p><input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<b>18. How many Creditors do you estimate that you owe?</b>		
<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<b>19. How much do you estimate your assets to be worth?</b>		
<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input checked="" type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<b>20. How much do you estimate your liabilities to be?</b>		
<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

<b>For you</b>	<p>I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.</p> <p>If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.</p> <p>If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p>	
<i>/s/ Liza Hazan</i> <b>Liza Hazan</b> Signature of Debtor 1	Signature of Debtor 2	
Executed on <u>January 11, 2016</u> MM / DD / YYYY	Executed on _____ MM / DD / YYYY	

Debtor 1 Liza Hazan

Case number (if known)

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Geoffrey S. Aaronson

Signature of Attorney for Debtor

Date

January 11, 2016

MM / DD / YYYY

**Geoffrey S. Aaronson**

Printed name

**Aaronson Schantz Beiley P.A.**

Firm name

**100 SE 2nd Street, Floor 27  
Miami, FL 33131**

Number, Street, City, State &amp; ZIP Code

Contact phone 786-594-3000

Email address \_\_\_\_\_

**349623**

Bar number &amp; State

Fill in this information to identify your case:

Debtor 1	<b>Liza Hazan</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA		
Case number (if known)			

Check if this is an amended filing

## B 104

### For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

Unsecured claim			
<b>1</b>	<b>What is the nature of the claim?</b>	<b>Judgment</b>	\$ <b>\$500,000.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____			
<b>2</b>	<b>What is the nature of the claim?</b>	<b>Hotel Bill</b>	\$ <b>\$312.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____			

Debtor 1	<b>Liza Hazan</b>	Case number (if known)	
Contact phone	Unsecured claim	\$	
<b>3</b>	<b>ATT Mobility</b> PO Box 536216 Atlanta, GA 30353	<b>What is the nature of the claim?</b>	<b>Telephone Bill</b> \$ <b>\$3,910.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
Contact	No	\$	
Contact phone	Yes. Total claim (secured and unsecured) Value of security: Unsecured claim	- \$	
<b>4</b>	<b>Car Southeast Financial, LLC</b> 4000 N. Federal Highway, Suite 200 Boca Raton, FL 33431	<b>What is the nature of the claim?</b>	<b>Car Loan</b> \$ <b>\$20,792.15</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
Contact	No	\$	
Contact phone	Yes. Total claim (secured and unsecured) Value of security: Unsecured claim	- \$	
<b>5</b>	<b>Cross Simon</b> PO Box 1380 Wilmington, DE 19899-1380	<b>What is the nature of the claim?</b>	<b>Legal Fees</b> \$ <b>\$11,023.83</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
Contact	No	\$	
Contact phone	Yes. Total claim (secured and unsecured) Value of security: Unsecured claim	- \$	
<b>6</b>	<b>Direct TV</b> PO Box 6550 Englewood, CO 80155-6550	<b>What is the nature of the claim?</b>	<b>Cable Bill</b> \$ <b>\$461.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			

Debtor 1	<b>Liza Hazan</b>	Case number (if known)	
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim		\$ _____ - \$ _____ \$ _____	
<hr/>			
7	<b>Enhanced Recovery Company</b> 8014 Bayberry Rd Jacksonville, FL 32256	<b>Telephone Bill</b>	<b>\$ \$123.00</b>
<hr/>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim		\$ _____ - \$ _____ \$ _____	
<hr/>			
8	<b>First National Collection Bureau, Inc.</b> 610 Waltham Way Sparks, NV 89434	<b>Bank Fees</b>	<b>\$ \$246.08</b>
<hr/>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim		\$ _____ - \$ _____ \$ _____	
<hr/>			
9	<b>Fisher Island Community Association</b> c/o Danielle Schneider, Esq. Peyton Bolin, PL 4758 W. Commercial Boulevard Fort Lauderdale, FL 33319	<b>Homeowner's Association Fees</b>	<b>\$ \$0.00</b>
<hr/>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<hr/>			
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim		\$ _____ - \$ _____ \$ _____	
<hr/>			
10	<b>Cable Bill</b>	<b>\$ \$332.00</b>	
<hr/>			

Debtor 1 Liza Hazan

Case number (if known)

**Focus Management**  
**10284 NW 47th St**  
**Fort Lauderdale, FL 33351**

- As of the date you file, the claim is:** Check all that apply
- Contingent
  - Unliquidated
  - Disputed
  - None of the above apply

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: \_\_\_\_\_ - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**11**

**Halsted Management Company**  
**c/o David A. Tane, Esq.**  
**Tane Waterman & Wurtzel, PC**  
**120 Broadway, Suite 948**  
**New York, NY 10271**

**What is the nature of the claim?** **Condominium Association Fees** **\$ \$0.00**

- As of the date you file, the claim is:** Check all that apply
- Contingent
  - Unliquidated
  - Disputed
  - None of the above apply

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: \_\_\_\_\_ - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**12**

**Internal Revenue Service**  
**P.O. Box 7317**  
**Philadelphia, PA 19101**

**What is the nature of the claim?** **Federal Income Taxes** **\$ \$0.00**

- As of the date you file, the claim is:** Check all that apply
- Contingent
  - Unliquidated
  - Disputed
  - None of the above apply

**Does the creditor have a lien on your property?**

- No
- Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: \_\_\_\_\_ - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**13**

**Marzec Law Firm**  
**225 Broadway, Suite 3000**  
**New York, NY 10007**

**What is the nature of the claim?** **Legal Fees** **\$ \$0.00**

- As of the date you file, the claim is:** Check all that apply
- Contingent
  - Unliquidated
  - Disputed
  - None of the above apply

**Does the creditor have a lien on your property?**

- No

Debtor 1	<b>Liza Hazan</b>	Case number (if known)	
<hr/> <p>Contact _____</p> <p>Contact phone _____</p>		<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<b>14</b>	<b>Mercedes Benz Financial Services</b> PO Box 685 Roanoke, TX 76262		
<b>What is the nature of the claim?</b> <b>\$ \$0.00</b>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
<hr/> <p>Contact _____</p> <p>Contact phone _____</p>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<b>15</b>	<b>Mount Sinai Medical Center</b> PO Box 403429 Miami Beach, FL 33140		
<b>What is the nature of the claim?</b> <b>Medical Bill \$ \$31,414.15</b>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
<hr/> <p>Contact _____</p> <p>Contact phone _____</p>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<b>16</b>	<b>Newman Ferrara, LLP</b> 1250 Broadway, 27th Floor New York, NY 10001		
<b>What is the nature of the claim?</b> <b>Legal Fees \$ \$24,654.22</b>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
<hr/> <p>Contact _____</p> <p>Contact phone _____</p>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	
<b>17</b>	<b>Ray Garcia P.A.</b> 14850 SW 26th Street, Suite 204 Miami, FL 33185		
<b>What is the nature of the claim?</b> <b>Legal Bills \$ \$1,000.00</b>			
<b>As of the date you file, the claim is:</b> Check all that apply			
<input checked="" type="checkbox"/> Contingent			

Debtor 1	<b>Liza Hazan</b>	Case number (if known)	
<p><input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed  <input type="checkbox"/> None of the above apply</p>			
<b>Does the creditor have a lien on your property?</b>			
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: _____ Unsecured claim \$ _____		
Contact phone			
<b>18</b>		<b>What is the nature of the claim?</b>	<b>Medical Bills</b> \$ <b>\$4,442.40</b>
<b>Sterling Emergency Serv. of Miami Beach PO Box 975213 Dallas, TX 75397-5213</b>		<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Contact _____ Contact phone _____		<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: _____ Unsecured claim \$ _____	
<b>19</b>		<b>What is the nature of the claim?</b>	<b>Homeowner's Association Fees</b> \$ <b>\$100,000.00</b>
<b>Valencia Estates c/o Jonathan Scott Goldstein, Esq. Haber Slade 201 S. Biscayne Boulevard, Suite 1205 Miami, FL 33131</b>		<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Contact _____ Contact phone _____		<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: _____ Unsecured claim \$ _____	
<b>20</b>		<b>What is the nature of the claim?</b>	<b>Telephone Bill</b> \$ <b>\$1,758.00</b>
<b>Verizon PO Box 1100 Albany, NY 12250-0001</b>		<b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply	
Contact _____ Contact phone _____		<b>Does the creditor have a lien on your property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: _____	

Debtor 1 Liza Hazan Case number (if known) \_\_\_\_\_

Contact phone \_\_\_\_\_ Unsecured claim \$ \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Liza Hazan  
Liza Hazan  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date January 11, 2016

Date \_\_\_\_\_

900 North Michigan, LLC  
c/o W. Allen Woolley, Esq.  
Wildman Harrold Allens Dixon, LLP  
225 West Wacker Drive, Suite 3000  
Chicago, IL 60606

Allied Collection Service  
1607 Central Ave  
Columbus, IN 47201

ATT Mobility  
PO Box 536216  
Atlanta, GA 30353

Car Southeast Financial, LLC  
4000 N. Federal Highway, Suite 200  
Boca Raton, FL 33431

Chase Bank, NA  
c/o Jennifer Kopf, Esq.  
Shapiro, Fishman & Gashe, LLP  
2424 N. Federal Highway, Suite 360  
Boca Raton, FL 33431

Cross Simon  
PO Box 1380  
Wilmington, DE 19899-1380

Direct TV  
PO Box 6550  
Englewood, CO 80155-6550

Enhanced Recovery Company  
8014 Bayberry Rd  
Jacksonville, FL 32256

First National Collection Bureau, Inc.  
610 Waltham Way  
Sparks, NV 89434

Fisher Island Community Association  
c/o Danielle Schneider, Esq.  
Peyton Bolin, PL  
4758 W. Commerical Boulevard  
Fort Lauderdale, FL 33319

Focus Management  
10284 NW 47th St  
Fort Lauderdale, FL 33351

Halsted Management Company  
c/o David A. Tane, Esq.  
Tane Waterman & Wurtzel, PC  
120 Broadway, Suite 948  
New York, NY 10271

Internal Revenue Service  
P.O. Box 7317  
Philadelphia, PA 19101

Jacobs Keeley, PLLC  
c/o Bruce Jacobs, Esq.  
169 East Flagler Street, Suite 1620  
Miami, FL 33131

Mark D. Cohen, PA  
c/o Mark D. Cohen, Esq.  
4000 Hollywood Boulevard, Suite 435  
Hollywood, FL 33021

Marzec Law Firm  
225 Broadway, Suite 3000  
New York, NY 10007

Mercedes Benz Financial Services  
PO Box 685  
Roanoke, TX 76262

Mount Sinai Medical Center  
PO Box 403429  
Miami Beach, FL 33140

Newman Ferrara, LLP  
1250 Broadway, 27th Floor  
New York, NY 10001

NLG, LLC  
c/o Juan Ramirez, Esq.  
Diaz, Reus, & Targ LLP  
100 SE 2nd Street, Suite 3400  
Miami, FL 33131

Presidential Auto Leasing & Sales  
3201 South Federal Highway  
Delray Beach, FL 33483

Ray Garcia P.A.  
14850 SW 26th Street, Suite 204  
Miami, FL 33185

Real Time Solutions  
1349 Empire Central Drive  
Suite 150  
Dallas, TX 75247

Robert P. Lithman P.A.  
c/o Robert P. Lithman, Esq.  
18001 Old Cutler Road, Suite 600  
Miami, FL 33157

Scott Paul Mackoff, Esq.  
Mitofsky, Shapiro, Neville & Hazen LLP  
152 Madison Avenue, 3rd Floor  
New York, NY 10016

Select Portfolio Servicing, Inc.  
ATTN: Bankruptcy Department  
PO Box 66250  
Salt Lake City, UT 84165

Simon & Sigalos  
c/o Michael Simon, Esq.  
3839 NW Boca Raton Boulevard, Suite 100  
Boca Raton, FL 33431

Sterling Emergency Serv. of Miami Beach  
PO Box 975213  
Dallas, TX 75397-5213

Tracy Peterson, Esq.  
Braverman Greenspun, PC  
110 East 42nd Street, 17th Floor  
New York, NY 10017

US Bank  
c/o Lawrence Lambert, Esq.  
Frankel Lambert LLP  
53 Gibson Street  
Bay Shore, NY 11706

Valencia Estates  
c/o Jonathan Scott Goldstein, Esq.  
Haber Slade  
201 S. Biscayne Boulevard, Suite 1205  
Miami, FL 33131

Verizon  
PO Box 1100  
Albany, NY 12250-0001